## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number

10/519394

|   | CLAIMS AS FILED - PART I (Column 1) (Column 2) |   |  |  |            |                                      |          | SMALL ENTITY TYPE |                        |                  | OTHER THAN<br>OR SMALL ENTITY |                        |
|---|--|---|--|--|------------|--------------------------------------|----------|-------------------|------------------------|------------------|-------------------------------|------------------------|
| U.  | S. NATIONAL                                    | L STAGE FEES                              | (00,0,1,1)                                 |  |            | (501011111 27                        | 7        | RATE              | FEE                    | 7                | RATE                          | FEE                    |
| ВА  | SIC FEE  |   | SMALL ENT. = \$ 150                        |  | LAR        | GE ENT. = \$ 300                     | 1        | BASIC FEE         | 1                      | OR               | BASIC FEE                     | 200                    |
| EX  | AMINATION F                                    | EE  | •  | Satisfies PCT Article 33(1)-<br>(4) = \$ 50 / \$ 100 |            | ther situations =<br>\$ 100 / \$ 200 | 1        | EXAM. FEE         |                        | 1                | EXAM, FEE                     | 12/1                   |
| SE  | ARCH FEE                                       |   | U.S. is ISA = \$ ALL other course 200 / \$ | ntries =   |            | ther situations = \$250 / \$500      | 1        | SEARCH FEE        |                        |                  | SEARCH FEE                    | 41                     |
| FE  | E FOR EXTRA                                    | SPEC. PGS.                                | minu                                       | ıs 100 =   |            | / 50 =                               | 1        | X \$ 125 =        |                        | 7                | X \$ 250 =                    | 1                      |
| то  | TAL CHARGE                                     | ABLE CLAIMS                               | min  | us 20 =  |            | 51                                   |          | X \$ 25 =         |                        | OR               | X \$ 50 =                     | 129                    |
| INC   | EPENDENT C                                     | LAIMS                                     | Uf mi                                      | nus 3 =  |            | 1                                    | 1        | X \$ 100 =        |                        | OR               | X \$ 200 =                    | THY                    |
| MU  | LTIPLE DEPE                                    | NDENT CLAIM PR                            | ESENT                                      | •  |            |                                      |          | + \$ 180 =        |                        | OR               | + \$ 360 =                    | 3/1                    |
| * If the difference in column 1 is less than zero, enter "0" in column 2  |  |   |  |  |            |                                      | <b>-</b> | TOTAL             |                        | OR               | TOTAL                         | 4////                  |
| CLAIMS AS AMENDED - PART II  12.22.04 (Column 1) (Column 2) (Column 3)  |  |   |  |  |            |                                      | SMALL I  | ENTITY            | OR                     | OTHER<br>SMALL I |                               |                        |
| AMENDMENT A   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |  | HIGHE<br>NUMB<br>PREVIOU<br>PAID F                   | ER<br>JSLY | PRESENT<br>EXTRA                     |          | RATE              | ADDI-<br>TIONAL<br>FEE |                  | RATE                          | ADDI-<br>TIONAL<br>FEE |
|   | Total  | . 71                                      | Minus                                      | *  |            | =                                    |          | X \$ 25 =         |                        | OR               | X \$ 50 =                     |                        |
|   | independent                                    | . 4                                       | Minus                                      | <  |            | -                                    |          | X \$ 100 =        |                        | OR               | X \$ 200 =                    |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |  |  |            |                                      |          | + \$ 180 =        |                        | OR               | + \$ 360 =                    |                        |
| •   |  |   |  |  |            |                                      |          | FEE               |                        | ÓR               | TOTAL ADDIT.<br>FEE           |                        |
|   |  | (Column 1)                                |  | (Calumr  | . 21       | (Column 3)                           |          |                   |                        |                  |                               |                        |
| 욹   |  | CLAIMS REMAINING AFTER AMENDMENT          |  | HIGHES<br>NUMBE<br>PREVIOU<br>PAID FO                | R<br>SLY   | PRESENT<br>EXTRA                     |          | RATE              | ADDI-<br>TIONAL<br>FEE |                  | RATE                          | ADDI-<br>TIONAL<br>FEE |
|   | Total  | •   | Minus *                                    | *  |            | = .                                  |          | X \$ 25 =         |                        | OR               | X \$ 50 =                     |                        |
|   | Independent                                    | •   | Minus *                                    | **   |            | =                                    |          | X \$ 100 =        |                        | OR               | X \$ 200 =                    |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |  |  |            |                                      |          | + \$ 180 =        |                        | OR               | + \$ 360 =                    |                        |
|   |  |   |  |  |            |                                      | 7        | FEE               |                        | OR T             | TOTAL ADDIT.<br>FEE           |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20".  *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3".  The "Highest Number Previously Paid For" (Total or independent) is the highest number tound in the appropriate box in column 1. |  |   |  |  |            |                                      |          |                   |                        |                  |                               |                        |